

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

APR - 1 2008

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Fox	Will	Joseph	(916) 445-8612	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
State Capitol		Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Governor's Office

Division, Board, District, if applicable:

Your Position:

Deputy Chief of Staff

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: _____

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 1, 2008

Signature

(Official)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Will Fox</u>
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> NAME OF SOURCE
Porter Navelli
 ADDRESS
1215 K St., Ste. 2100, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Canada Trade Mission Delegation Dinner & Briefing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/22/07	\$ 60.00	dinner & entertainment
	\$	
	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____